

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

LM-30

NS15205

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

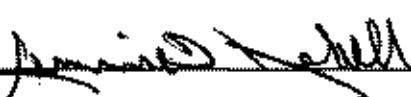
1. File Number U- <i>7834</i>	2. Fiscal Year Covered From: <i>01 / 1 / 2004</i> Through <i>12 / 31 / 2004</i>
3. Name and address of person filing. Name Jimmie D. Kabell P.O. Box, Bldg., Room No., if any Street 4094 Hwy UU City Miller State Missouri ZIP Code + 4 65707	
4. Name, file number, and address of labor organization. Name Teamsters Local 245 Labor Organization File Number 045-585 P.O. Box, Building and Room Number, if any Street 1850 E. Division City Springfield State Missouri ZIP Code + 4 65803	
5. Position in labor organization. <i>Sec-Treas/Business Mgr</i>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Dairy Farmers of America Trade Name, if any: DFA P.O. Box, Bldg., Room No., if any Street 800 N. Tampa City Springfield State Missouri ZIP Code + 4 65802	7.a. Nature of Interest, Transaction, or Income. Christmas Cheese Box
	7.b. Amount. \$10

**** SEE ATTACHMENT A**

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On <i>12/18/05</i>	Telephone Number <i>WV-452-3287</i>
Date		

Name of Person Filing Jimmie Kabell		File Number U-
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>		
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>		<p>9. Business deals with:</p> <p>a. Labor Organization b. Trust c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>		<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>
<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>		
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Mark & Burkhead</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 6700 Squibb, Suite 103</p> <p>City Mission</p> <p>State Kansas ZIP Code + 4 66202</p>		<p>14.a. Nature of payment. Restaurant, Gift Certificate of \$100.00</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>		<p>14.b. Amount of payment. \$100</p>

Name of Person Filing Jimmie Kabel	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Blake & Uhlig _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street 475 N. Brotherhood Bldg. 8th & State _____ City Kansas City _____ State Kansas _____ ZIP Code + 4 66101 _____	14.a. Nature of payment. 2 Football Tickets & Parking for Kansas City Chiefs Game Approx value \$150
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/>	14.b. Amount of payment. \$150

Attachment Under A

On occasion, we have during grievance meetings, ordered lunch in with Associated Wholesale Grocers. We've bought and they have bought. I have no records of specific dates or amounts when the employer bought such grievance meeting lunches in 2004.

Elite Logistics/Associated Wholesale Grocers
3201 E Division
Springfield, MO 65801